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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/573,905
Filing Date	May 30, 2006
First Named Inventor	Michael Bries
Art Unit	1647
Examiner Name	DEBERRY, REGINA M.
Attorney Docket Number	WP03-1A04-US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
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<input type="checkbox"/> <input type="checkbox"/> under 37 CFR 1.52 or 1.53		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	<i>Frederick J. Hamble</i>		
Printed name	FREDERICK J. HAMBLE		
Date	April 24, 2009	Reg. No.	43,623

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Frederick J. Hamble</i>		
Typed or printed name	FREDERICK J. HAMBLE		Date
			April 24, 2009

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 24 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Brines <i>et al.</i>	Confirmation No.:	2092
Serial No.:	10/573,905	Art Unit:	1647
Filed:	May 30, 2006	Examiner:	DeBerry, Regina M.
For:	TISSUE PROTECTIVE CYTOKINES FOR THE TREATMENT AND PREVENTION OF SEPSIS AND THE FORMATION OF ADHESIONS		
		Attorney Docket No:	WP03-1A04-US

AMENDMENT FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

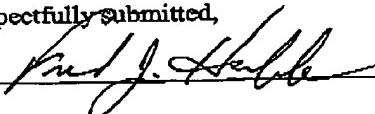
The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL 27	MINUS 73	0	x 25	\$		x 50	\$ 0.00
INDEP. 9	MINUS 9	0	x 105	\$		x 210	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				\$		\$	\$ 0.00
			TOTAL	\$	OR	TOTAL	\$ 0.00

Please charge the required fee to \$0.00. A copy of this sheet is enclosed.

Respectfully submitted,

Date: April 24, 2009



42,623
(Reg. No.)

Enclosure

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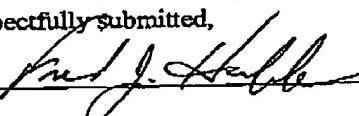
The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDT. FEE	OR	RATE	ADDT. FEE
TOTAL 27	MINUS 73	0	x .25	\$		x .50	\$ 0.00
INDEP. 9	MINUS 9	0	x 1.05	\$		x 2.10	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				\$		\$	\$ 0.00
		TOTAL	\$	OR	TOTAL	\$	\$ 0.00

Please charge the required fee to \$0.00. A copy of this sheet is enclosed.

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